



PATENT
091-0184

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Paul L. Blumenauer : Confirmation No.: 6552
Serial No.: 10/690,366 : Group Art Unit: 2836
Filed: October 20, 2003 : Examiner: Luis E. Roman

For: GROUND AND LINE FAULT
INTERRUPT
CONTROLLER/ADAPTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA

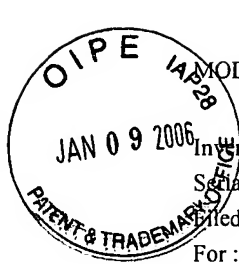
AMENDMENT AND RESPONSE

Sir:

In response to the Office Action dated as mailed on November 18, 2005, and having a period of response extending through and including February 18, 2006, please consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 15 of this paper.



MODIFIED FORM PTO-1083

Attorney Docket No. 091-0184

Date: January 4, 2006

Inventor(s): Paul L. Blemenauer
Serial No. 10/690,366
Filed : October 20, 2003
For : GROUND AND LINE FAULT INTERRUPT CONTROLLER/ADAPTER

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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(Insert Customer Number)

Sir:

Transmitted herewith for filing is:

- ☒ Amendment/Response (27 pages)
☒ Return Receipt Postcard
☒ No additional claim fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
Total	*41	minus	**42	= 0	x \$25 =	\$	OR	x50 =	\$0
Independent	*7	minus	***8	= 0	x \$100 =	\$	OR	x200 =	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+150 =	\$	OR	+300 =	\$0
TOTAL						\$	OR	TOTAL	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-0851 the amount of \$____. A copy of this transmittal letter is enclosed.

☐ A check in the amount of \$____ to cover the extension fee is enclosed.

☐ A check in the amount of \$____ to cover the additional claims is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 50-0851. A duplicate copy of this transmittal letter is enclosed.

☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

/Gudrun Passlack/

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on January 4, 2006

/Gudrun Passlack/

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